

05-24-08
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30623 7590 01/31/2008

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
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<i>ELISABETH DUNKLE</i> (Depositor's name)	
<i>Elizabeth Dunkle</i>	
3/21/08 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,266	02/09/2001	Lawrence M. Sherman	07473-032	6278

TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL INSURANCE

03/24/2008 NSERENR2 0200021 502311 09700266

03 201501 1440.00 D9

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PASS, NATALIE	3626	705-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

*2 Mintz, Levin, Cohn,
3 Ferris, Glovsky and
Popeo, P.C.*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Value-Security, L.L.C.

Westport, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 3/21/08

Typed or printed name

Carol H. Peters, Esq.

Registration No. 45,010

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